

# Abstract

## **Success, optimism, and unexpected benefits - a model rollout of RTC to four rural Ugandan health centers**

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**Issues:** Makerere University Walter Reed (MUWRP) supported rapid scale up of HIV/AIDS services to Kayunga District. Due to the rural nature of Kayunga and the limited transportation options, CT services remained largely inaccessible to untested HIV+ residents; hindering enrollment into District HIV clinics.

**Description:** Health workers at four remote facilities, regardless of specialty, were trained in Routine Counseling and Testing (RTC). RTC was first piloted at the Kayunga District Hospital, then rolled out to three health centers, including Galilyra Health Center III, a facility which predominantly caters to fishing communities. MUWRP placed expert CT staff intermittently at the clinical sites to serve as on-the-job trainers. As a quality control exercise, sites were asked to test sera of known HIV status each month and the results were verified by MUWRP.

**Lessons learned:** Comparing the three months before and after RTC implementation at the District Hospital, the average number of new persons who sought care at the HIV clinic monthly increased from 38 to 72. RTC implementation at Galilyra Health Center III coincided with the beginning of their HIV clinic, enrolling 56 new HIV+ clients during their first month of operation. In addition, health-workers offered RTC to visitors of in-patients. This practice led to the identification of more than 50 HIV+ family and friends. Task shifting CT to health workers increased their workload. However, upon implementation, persons seeking VCT-only services were referred to outpatient clinics, thereby eliminating stand-alone VCT and freeing up-staff. By decentralizing CT, HIV issues were less stigmatizing and patients avoided the cost of having to return.

**Next steps:** RTC can be an effective method to identify rural HIV+ persons during regular hospital visits, serving as a strong conduit into care and treatment. The increased workload experienced by health workers with RTC may be neutralized through redistribution of VCT providers to regular clinic duties.